·	HAD DEHNE KO	ENO MA	HOR		interest (if anniinable)				
	Name (print)  Name (print)  Mailing Address (include city and zip code)  Office (include city and zip code)	if applicable)	ENONVE	7507 Telephone No.	istrict (if applicable)				
	E-Mail Address	MADDEANT (OF HOU. CO)							
	Select Appropriate Box(es)	BAG □P	OL PRTY IND I	EXP NONPROFI	T CORP				
		FILING   PE	TITIONERS WHO IN	IITIATE/CIRCULATE P	ETITION & RECEIVE :				
		<del></del>	R EXPEND FUNDS I						
	Annual Filing - Due January 15, 2006 Period: January 1, 2005 - December 31, 2005								
	Report #1 — Due August 8, 2006* Period: Jan. 1, 2006 — Aug 3, 2006								
	Report #2 Due — October 31, 2006* Period: Aug. 4, 2006 — Oct. 26, 2006								
	Report #3 Due — January 15, 2007*/** Period: Oct. 27, 2006 — Dec. 31, 2006								
	Annual Filing - Due January 15, 2007 Period: January 1, 2006 - December 31, 20	06		FOR OF	FOR OFFICE USE ONLY				
	* These Reports are filed by incumbents/candi ** Third Report suffices for 2007 Annual Filing		_	_	cle Cumulative				
	CONTRIBUTIONS SUMMARY			This Period	From Beginning of Report Period #1 through End of This Reporting				
	Total Monetary Contributions Received in Excess of \$10     (See page 1 of instruction sheet)	0		50000	Period				
	2. Total Monetary Contributions Received of \$100 or Less								
	(See page 2 of Instruction sheet)  3. Total Monetary Contributions in the form of loans guara party. (See page 2 of Instruction sheet)	nteed by a third							
	4. Total Monetary Contributions in the form of loans that we	ere forgiven							
	(See page 2 of Instruction sheet)	This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period						
	<ol> <li>Total Amount of Monetary Contributions         Received     </li> </ol>			F0000					
	(Add Lines 1 through 4) (See page 2 of Instruction sheet) 6. Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind)) (See page 2 of Instruction sheet) 7. Total Value of In Kind Contributions Received in			500					
	Excess of \$100 (See page 2 of instruction sheet)			_					
	FX	PENSES SUI	MMARY						
				~~ co	ł				
	<ol> <li>Total Monetary Expenses Paid in Excess of \$100</li> <li>(See page 2 of Instruction sheet)</li> </ol>			310					
	9. Total Monetary Expenses Paid of \$100 or Less								
	(See page 2 of Instruction sheet) 10. Total Amount of All Monetary Expenses Paid								
	(Add Lines 8 and 9) (See page 2 of Instruction she	et)	•						
	11. Total Value of In Kind Expenses in Excess								
	of \$100 (See page 3 of Instruction sheet) 12. Disposition of Unspent Contributions		i	_					
	(Only reported on Report #3 , Annual Report or 15th			FILE	D THIS DA				
	day of the second month after candidates defeat or incumbent does not run for reelection)				112 105				
	(See page 3 of instruction sheet)			BY: 6	1 Course				
		AFFIRMATI	ON		CITY CLERK				
	I Declare Under Penalty of Periury That the For	egoing is Tru	e and Correct.	•					
	Signature /			Date	a				

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Office (if applicable)

District (if applicable)

## Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 <sup>RD</sup> PARTY IF LOAN GUARANTEED BY 3 <sup>RD</sup> PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR
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LARSUN CITY, NV					
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PAGE 2 OF 8

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Name (print)	

Office (if applicable)

District (if applicable)

# Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100 Transfer Total Amount of All Written Commitments to Line 6 of Contributions Summary

DATE OF EACH COMMITMENT	AMOUNT OF EACH COMMITMENT
	· · · · · · · · · · · · · · · · · · ·
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## **Expense Categories**

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	ш
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	Н
** Goods and services provided in kind for which money would otherwise have been paid	
Other miscellaneous expenses	J

\*\* NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

PAGE 4 OF 8

Name (print)

1ATOR Office (if applicable)

District (if applicable)

### Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
BUTTONFACTURE	D	MAY 406	74000
MAGNETS	<u>D</u>	MAY 406	10000
FILING		May 06	3000
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District (if applicable)

## **IN KIND**

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 7 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRI- BUTION	DESCRIPTION OF  EACH IN KIND  CONTRIBUTION	VALUE OR COST  OF EACH IN KIND  CONTRIBUTION/ COMMITMENT	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 <sup>RD</sup> PARTY IF LOAN GUARANTEED BY 3 <sup>RD</sup> PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN
					,	
					,	
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Name (print)

Office (if applicable)

District (if applicable)

# in Kind Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100 Transfer Total Amount of All Written Commitments to Line 6 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE IN KIND COMMITMENT	DATE OF EACH IN KIND COMMITMENT	AMOUNT OF EACH IN KIND COMMITMENT
<u>,                                    </u>		

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Name (print)

Office (if applicable)

District (if applicable)

#### **IN KIND**

#### Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 11 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
	:		

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Prescribed by Secretary of State NRS 294A.120, 294A.125, 294A.140, 294A.150, 294A.160 294A.200, 294A.210, 294A.220, 294A.362

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